



Midwest Health Plan, Inc.

akessler@midwesthealthplan.com	(313)581-8699
(E-Mail Address)	(Fax Number)

OFFICERS

<u>Name</u>	<u>Title</u>
Mark Saffer DPM	President
Jack Shapiro MD	Secretary
Robert Rubin DPM	Treasurer

OTHERS

Allen A. Kessler CPA

DIRECTORS OR TRUSTEES

Jack Shapiro MD
Robert Rubin DPM
Myra Gamble

State of Michigan
County of Wayne ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Mark Saffer

 (Printed Name)
 1.
President

 (Title)

(Signature)
 Jack Shapiro

 (Printed Name)
 2.
 Secretary

 (Title)

(Signature)
Robert Rubin
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this
day of _____, 2011

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
State of Michigan-Department of Community Health	455,528					455,528
0299997 Subtotal - Group Subscribers:	455,528					455,528
0299998 Premium due and unpaid not individually listed						
0299999 Total group	455,528					455,528
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	455,528					455,528

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Pharmaceutical Rebate Receivable	171,562					171,562
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	171,562					171,562
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Medicare Plan to Plan	2,602					2,602
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	2,602					2,602
0799999 Gross health care receivables	174,163					174,163

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Pharmacy Benefit Manager	1,103,986	.....	.....	.....	.....	1,103,986
HRA/GME/SNAF	8,686,440	.....	.....	.....	.....	8,686,440
0199999 Total - Individually Listed Claims Unpaid	9,790,426	.....	.....	.....	.....	9,790,426
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....		.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....		.....	.....	.....	.....	.....
0499999 Subtotals	9,790,426	.....	.....	.....	.....	9,790,426
0599999 Unreported claims and other claim reserves						15,293,524
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						25,083,949
0899999 Accrued Medical Incentive Pool and Bonus Amounts						1,346,608

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
	NONE						
0399999 Total gross amounts receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
SPS Woodbridge, LLC	Rent	99,585	99,585	
0199999 Total - Individually listed payables	X X X	99,585	99,585	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	99,585	99,585	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	7,862,172	3.928	32,747	46.114	146,489	7,715,683
2.	Intermediaries						
3.	All other providers	57,994,847	28.978				57,994,847
4.	TOTAL Capitation Payments	65,857,019	32.906	32,747	46.114	146,489	65,710,530
Other Payments:							
5.	Fee-for-service	10,144,566	5.069	X X X	X X X		10,144,566
6.	Contractual fee payments	120,925,921	60.422	X X X	X X X		120,925,921
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	3,208,797	1.603	X X X	X X X	62,010	3,146,787
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	134,279,283	67.094	X X X	X X X	62,010	134,217,273
13.	TOTAL (Line 4 plus Line 12)	200,136,302	100.000	X X X	X X X	208,499	199,927,803

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	148,431	142,722	137,628		153,525	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	2,331,240	138,252	1,903,851		565,641	
6.	TOTAL	2,479,670	280,974	2,041,478		719,166	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Midwest Health Plan, Inc. 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 95814

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	69,642							371	69,271	
2. First Quarter	70,738							391	70,347	
3. Second Quarter	70,787							408	70,379	
4. Third Quarter	70,317							384	69,933	
5. Current Year	71,013							378	70,635	
6. Current Year Member Months	848,284							4,638	843,646	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	415,723							4,794	410,929	
8. Non-Physician	275,286							3,741	271,545	
9. TOTAL	691,009							8,535	682,474	
10. Hospital Patient Days Incurred	30,859							648	30,211	
11. Number of Inpatient Admissions	7,828							115	7,713	
12. Health Premiums Written (b)	248,891,966							6,116,543	242,775,423	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	248,891,966							6,116,543	242,775,423	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	200,160,261							3,956,985	196,203,276	
18. Amount Incurred for Provision of Health Care Services	204,011,362							3,958,690	200,052,672	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....6,116,543



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 0000 NAIC Company Code 95814

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	69,642							371	69,271	
2. First Quarter	70,738							391	70,347	
3. Second Quarter	70,787							408	70,379	
4. Third Quarter	70,317							384	69,933	
5. Current Year	71,013							378	70,635	
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TOTAL Member Ambulatory Encounters for Year:										
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	248,891,966							6,116,543	242,775,423	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	200,160,261							3,956,985	196,203,276	
18. Amount Incurred for Provision of Health Care Services	204,011,362							3,958,690	200,052,672	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....6,116,543

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Life and Annuity, Affiliates						
0199999 Total - Life and Annuity, Affiliates						
0399999 Totals - Life and Annuity						
Accident and Health, Non-Affiliates						
67105	41-0451140 ...	01/01/2010	RELIASTAR LIFE INS CO	Minneapolis, MN	50,983	
67105	41-0451140 ...	01/01/2009	RELIASTAR LIFE INS CO	Minneapolis, MN	364,925	
0599999 Total - Accident and Health, Non-Affiliates					415,909	
0699999 Totals - Accident and Health					415,909	
0799999 Totals - Life, Annuity and Accident and Health					415,909	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
67105	41-0451140	01/01/2009	RELIASTAR LIFE INS CO	Minneapolis, MN	SSL/L/I	534,702						
0299999 Subtotal - Authorized General Account - Non-Affiliates						534,702						
0399999 Total - Authorized General Account						534,702						
0799999 Total - Authorized and Unauthorized General Account						534,702						
1599999 Totals						534,702						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	12	10	8	4	4
3. Title XIX - Medicaid	523	546	603	490	572
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	203,845	186,491	167,137	147,302	103,366
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable		125			
8. Reinsurance recoverable on paid losses	416	125	64	461	239
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	75,721,843		75,721,843
2. Accident and health premiums due and unpaid (Line 15)	455,528		455,528
3. Amounts recoverable from reinsurers (Line 16.1)	415,908	(415,908)	
4. Net credit for ceded reinsurance	X X X	415,908	415,908
5. All other admitted assets (Balance)	1,176,458		1,176,458
6. TOTAL Assets (Line 28)	77,769,737		77,769,737
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	25,083,949		25,083,949
8. Accrued medical incentive pool and bonus payments (Line 2)	1,346,608		1,346,608
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	2,904,660		2,904,660
13. TOTAL Liabilities (Line 24)	29,335,218		29,335,218
14. TOTAL Capital and Surplus (Line 33)	48,434,519	X X X	48,434,519
15. TOTAL Liabilities, Capital and Surplus (Line 34)	77,769,737		77,769,737
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses	415,908		
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables	415,908		
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance	415,908		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	38-2243830	Rick Poston, DO, P.C.					334,945				334,945	
00000	38-3443779	SPS Woodbridge, LLC					564,585				564,585	
00000	38-2576638	Carpenter Medical Associates					192,000				192,000	
00000	20-0262421	Midwest Health AKM, Inc					(240,000)				(240,000)	
95814	38-3123777	MIDWEST HEALTH PLAN INC	(6,000,000)				(1,396,529)				(7,396,529)	
00000	20-2811451	RJM Company, LLC	5,176,373								5,176,373	
		Farid Jano, M.D.	823,627								823,627	
00000	38-2342286	Midwest Health Center, PC					545,000				545,000	
9999999	Totals								X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

- APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

- JUNE FILING
8. Will an audited financial report be filed by June 1?

Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes

- AUGUST FILING
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No

- APRIL FILING
18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

No
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be file with the state of domicile and the NAIC by April 1?

No

- AUGUST FILING
23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



95814201036000002010Document Code: 360

Health Life Supplement



95814201020500002010Document Code: 205

Health Property / Casualty Supplement



95814201020700002010Document Code: 207

Schedule SIS



95814201042000002010Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



95814201037100002010Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



95814201037000002010Document Code: 370

Medicare Part D Coverage Supplement



95814201036500002010Document Code: 365

LTC Supplemental Interrogatories



95814201030600002010Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95814201021100002010Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95814201021300002010Document Code: 213

Supplemental Health Care Exhibit



95814201021600002010Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



95814201021700002010Document Code: 217

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
0604.	MDCH QA Assessment Fee	X X X .....	.....	(3,022,525)
0605.	.....	X X X .....	.....	.....
0697.	Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X .....	.....	(3,022,525)

OVERFLOW PAGE FOR WRITE-INS

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
		Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
	Total									
0504.										X X X
0597.	Summary of remaining write-ins for Line 5 (Lines 0504 through 0596)									X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	0					
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)					

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